

Name  
in  
Full

Mary Ann Abrams

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND		
Died at Farmington	Cecil					
Date of death 1906	Month 6	Day 30	Years 82	Months 9	Days 2	
Sex Female	Color or Race White			Birth-place Sylmar, Md.		
Occupation				Where Residing if not at place of death Farmington, Md.		
Married, Single or Widowed Widow	Name of Husband John A. Abrams					
Father's Name Isaac Brown				Father's Birthplace Sylmar, Md.		
Mother's Maiden Name E. England				Mother's Birthplace Md.		
Name of person giving information Sarah	W. Ramsey			How related to deceased Daughter.		

CAUSES OF DEATH

(166)

How long

Primary

Falling down stairs

Immediate

General Debility

How long

near 4 weeks

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

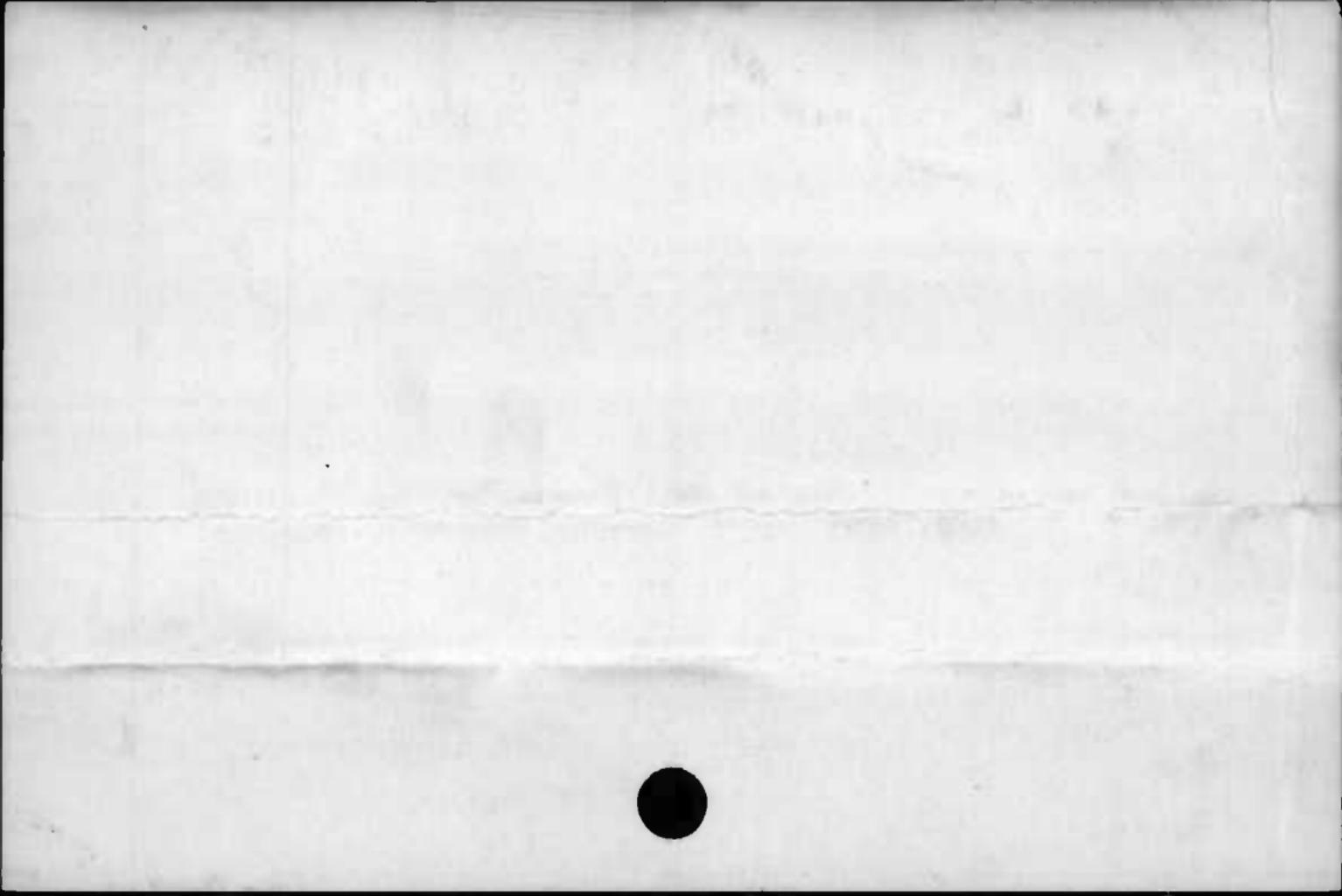
Accident or Suicide?

Signature of Physician

Address

Drs. Richardson

Calvert - Md



Name  
in  
Full

James Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY

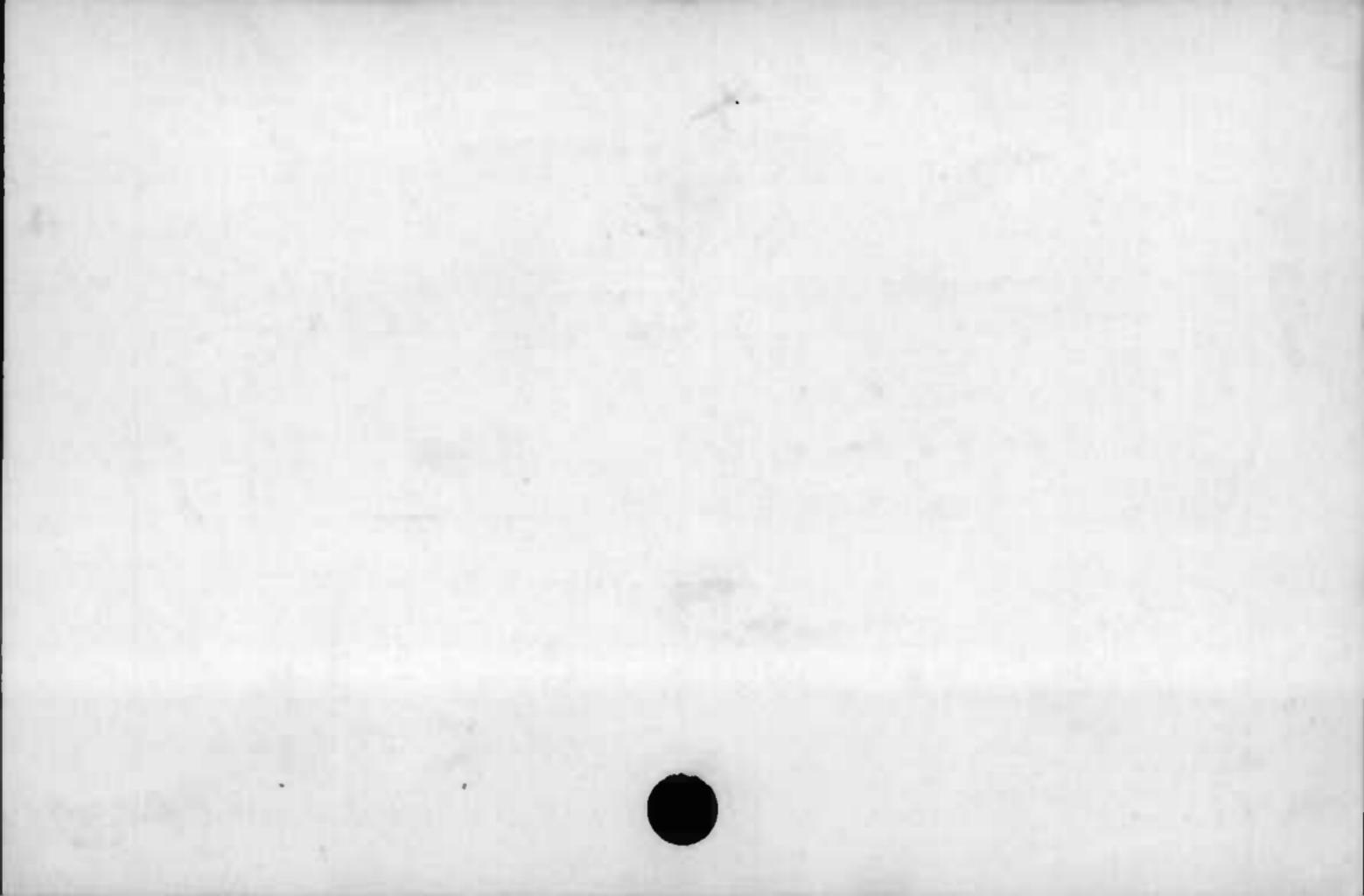
NEAREST FRIEND

Town	County	MARYLAND			
Died at Chesapeake City	Caroline				
Date of death 1906	Month 6	Day 13	Years 83	Months 5	Days 11
Sex male	Color or Race white	Birth-place Baltimore Md			
Occupation Retired Farmer	Where Residing if not at place of death at home in Chesapeake City				
Married, Single or Widowed	Name of Wife Husband Sarah Allen				
Father's Name Horner Allen	Father's Birthplace don't know				
Mother's Maiden Name don't know Elsie Riley	Mother's Birthplace don't know				
Name of person giving information Mrs Sarah Allen	How related to deceased wife				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Atherosclerosis	81	How long three years
Immediate Exanest		How long +
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr G Karsner	
Address	Chesapeake City Md	
Accident or Suicide? X		



Name  
in  
Full

Katharine Barbow

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Liberty Grove	Town	Cecil	County	MARYLAND	
Date of death	1906	Month June	Day 14th	Years 45	Months	Days
Sex	Female	Color or Race	White	Birth-place	Salem N.J.	
Occupation	Housekeeper		Where Residing if not at place of death	Wm. J. Barbow		
Married, Single or Widowed	Married	Husband	Richard Jefferis			
Father's Name			Father's Birthplace	Salem N.J.		
Mother's Maiden Name	Mary Dunham		Mother's Birthplace	Salem N.J.		
Name of person giving information	Elsie Mc Knight		How related to deceased	Daughter		

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

40

How long

18 months

Primary

Carcinoma of Stomach

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Ernest Conland,  
Liberty Grove,  
Md.

Accident or Suicide?



Name  
in  
Full

Kate Bryson 3 sick  
Died at upper neck neck

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			
Washington Bryson Brother				

CAUSES OF DEATH

Primary	Insanity -	92	How long
Immediate	Pneumonia (catarrhal)	3 days	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. Arthur Mitchell MD
		Address	Elkton Md
Accident - Suicide?			

9-81



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Rising Sun</u>		Town	County <u>Bear</u>	MARYLAND	
Date of death <u>1906</u>	Month <u>June</u>	Day <u>30</u>	Age <u>26</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>near Rising Sun</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>/</u>				
Father's Name <u>Benjamin H. Buckley</u>	Father's Birthplace <u>Cecil Co.</u>				
Mother's Maiden Name <u>Lydia A. McCambridge</u>	Mother's Birthplace <u>Cecil Co.</u>				
Name of person giving Information <u>Benj. H. Buckley</u>	How related to deceased <u>Halter</u>				

## CAUSES OF DEATH

153

PHYSICIAN  
OR CORONER

Primary <u>Insanity</u>	How long
Immediate <u>Catolic Acid</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Rickards Nelson</u> Address <u>Governor of Cecil Co.</u> <u>Elkton, Md.</u>
Accident or Suicide? <u>Suicide</u>	



Name  
in  
Full

Mildred M. Crothers

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
Sex	Female	Color or Race	White	Birth-place	Md		
Occupation	Where Residing If not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	George H. Crothers					Father's Birthplace	Md
Mother's Maiden Name	Mary J. Dyney S					Mother's Birthplace	Pa
Name of person giving information	Mary J. Crothers					How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Stif. Bone S

How long

Immediate

Stif. Bone S

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

P. P. Parrotto M.D.

Cherry Hill Md

Accident or Suicide?

bei

Name  
in  
Full

Alexander Crouch

CERTIFICATE OF DEATH

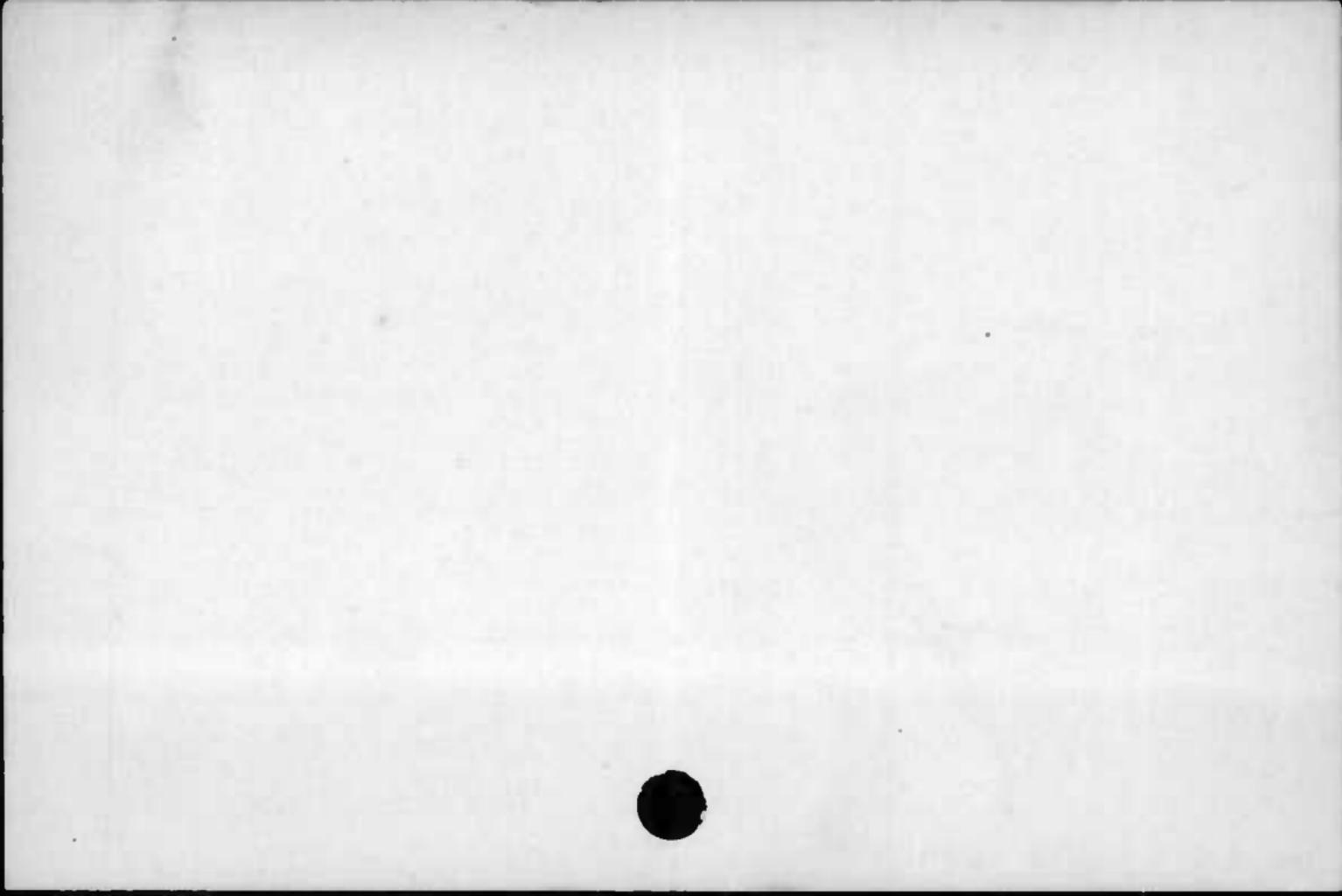
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Levi Crouch.			Father's Birthplace
Mother's Maiden Name	Annie Gibbons			Mother's Birthplace
Name of person giving information	James Johnson			How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis (66)	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician W C Jackson undertaker Address Blythedale Ind	
Accident or Suicide?	As Physician in attendance	



Name  
in  
Full

Henry H. Dibut

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Eaton	Cecil		
Date of death	Month	Day	Years
1906	June	26	Age 70
Sex	Color or Race	Birth-place	
male	White	Pennsylvania	Days
Occupation	Where Residing if not at place of death		
Boat Builder			
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
married	Susan Esther Dibut	William H. Dibut	Pennsylvania
Mother's Maiden Name	Henrietta Holboch	Mother's Birthplace	Pennsylvania
Name of person giving Information	Elmon Dibut	How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

(172)

How long

Immediate

Drowning

How long

Are the name, age, sex, color, date  
and place correctly given above?

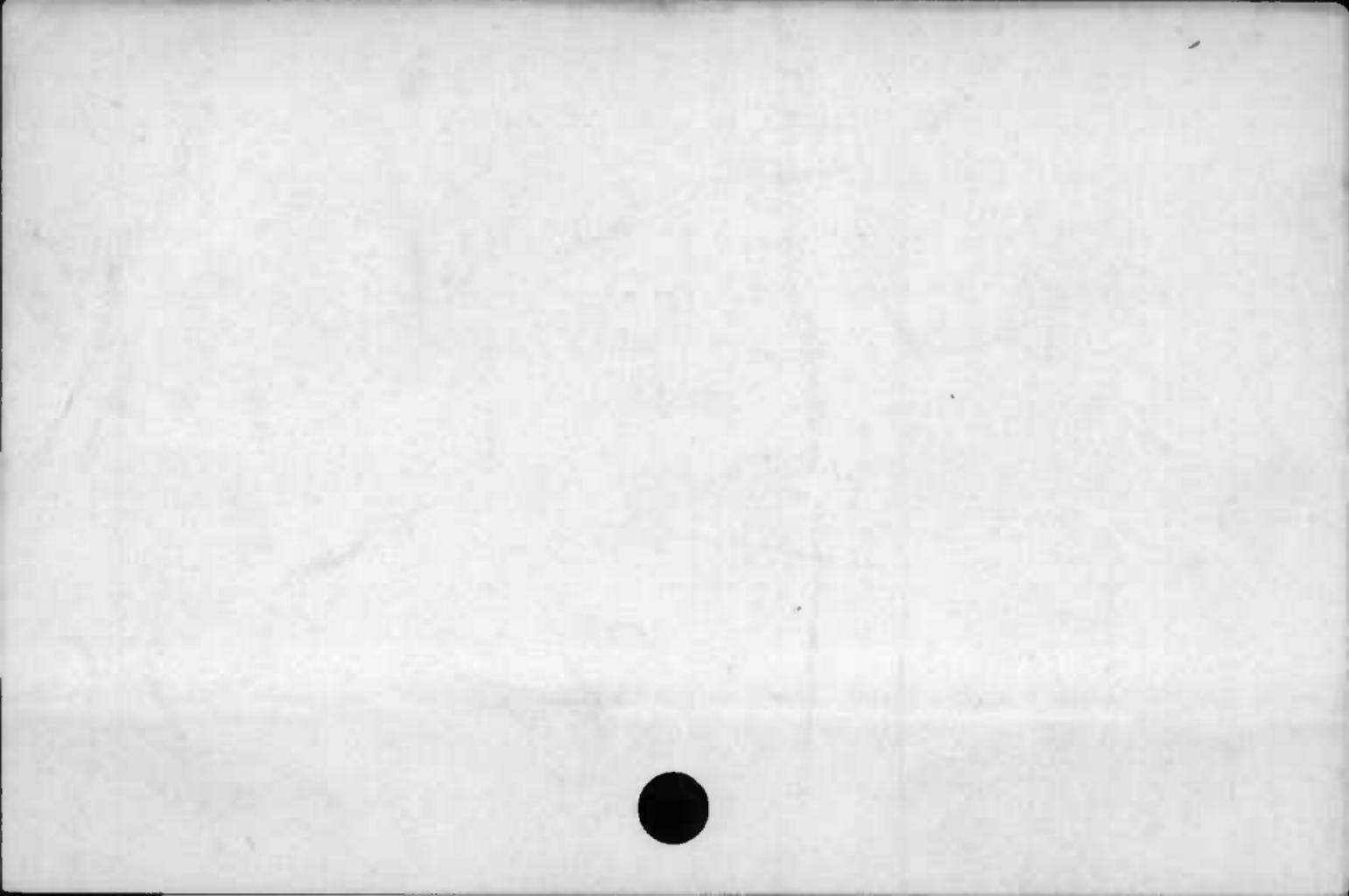
yes

Signature of  
Physician

Address

Ricketts Jackson  
Coroner of Cecil Co.  
Eaton, Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

John B. Deven

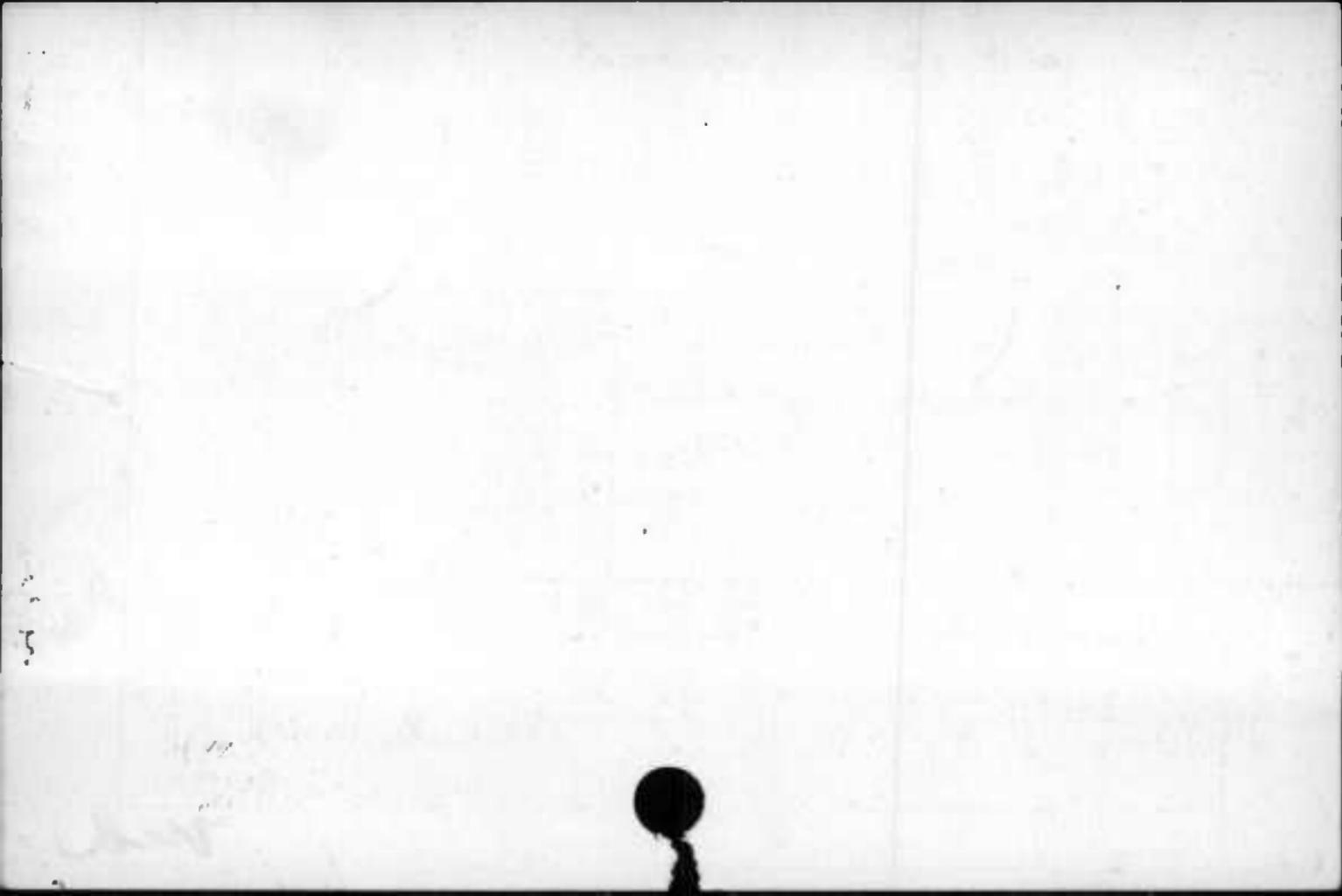
CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Mary. Ennis			
Father's Name	Jacob Deven	Father's Birthplace	England		
Mother's Maiden Name	Voluntary	Mother's Birthplace	Wales		
Name of person giving information	Jacob Deven	How related to deceased	Son		
CAUSES OF DEATH					
Primary	Epithelioma of upper right gum + adjoining structures				
Immediate	Exhaustion				
about 16 months					
How long					
Several weeks					
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Howard Branson		
Address					
Elkton Md					

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?



Name  
in  
Full

Wm D Dunbar

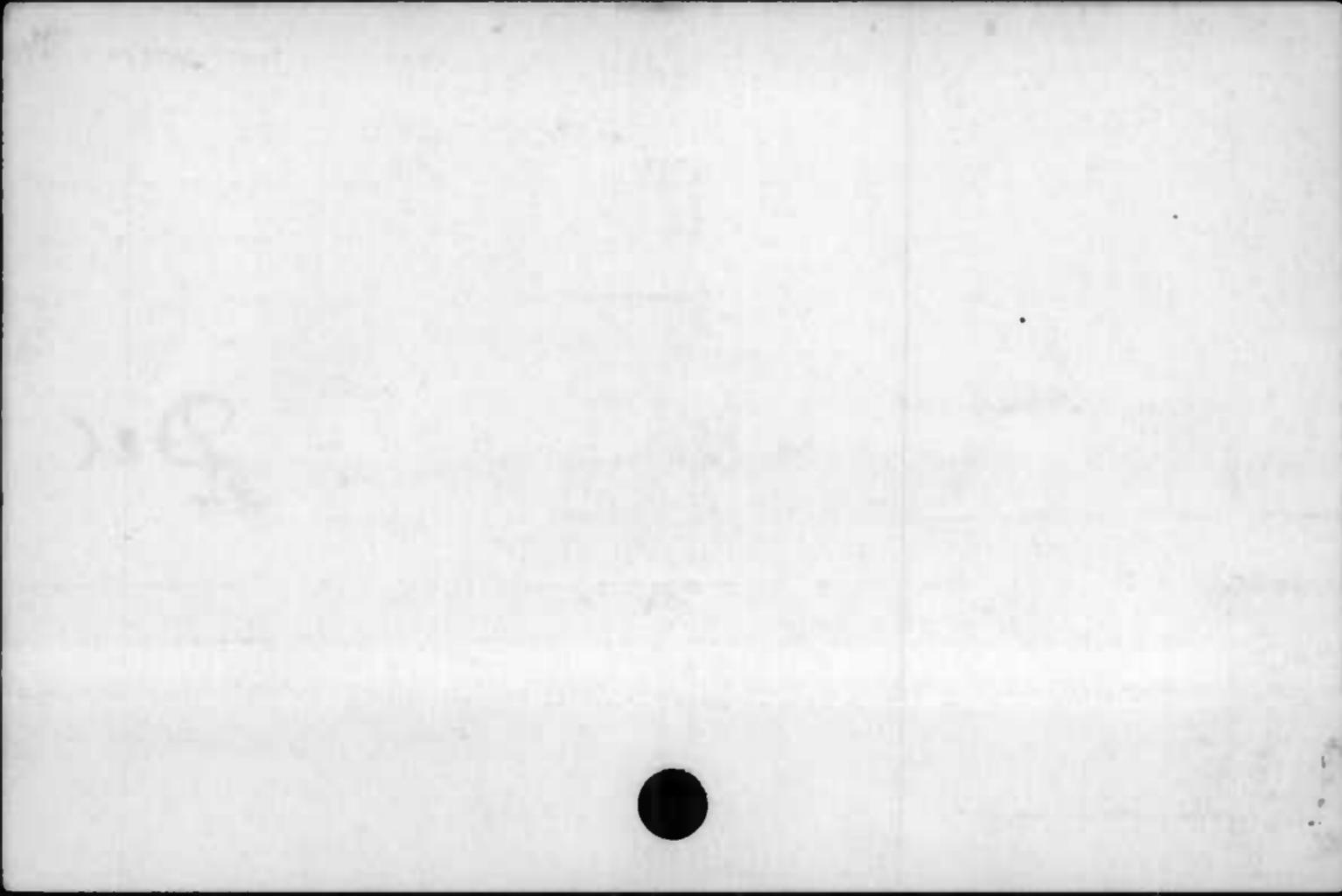
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Father's Name	Jasper D Dunbar	Mother's Birthplace	
Mother's Maiden Name	Sarah A Boulden	How related to deceased	
Name of person giving information	Mrs Cawley	Daughter	

CAUSES OF DEATH

Primary	Apoplexy	(64)	How long
Immediate	Cyanotic		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
Yes		Wm D Cawley Eckton Md.	
Accident or Suicide?			



Name  
in  
Full

Robert Henry Garrisonay

CERTIFICATE OF DEATH

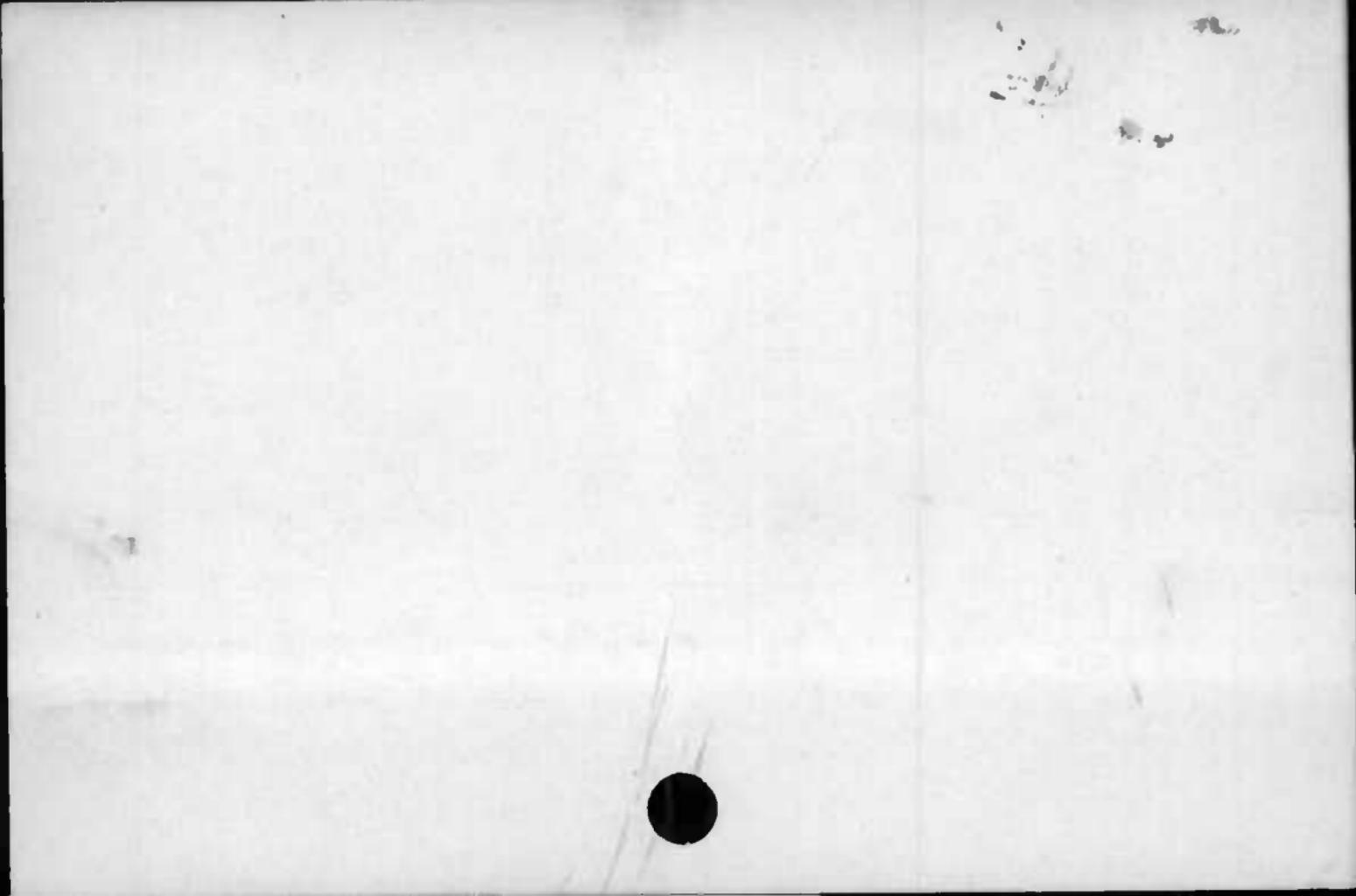
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Garrisonay	Cecil	
Date of death	Month	Day	Years
1906	6	1	—
Age	Months	Days	
Sex	Color or Race	Birth-place	
male	african	Cecil Co	
Occupation	Where Residing if not at place of death.		
Married, Single or Widowed	Name of Wife or Husband		
—	—		
Father's Name	Robert - Garrisonay		
Mother's Maiden Name	Golie Williams		
Name of person giving information	Robert - Garrisonay		
	Father's Birthplace	Cecil Co	
	Mother's Birthplace	Cecil Co	
	How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	a fall on head	
	(6)	How long
		2 weeks
Immediate	meningitis	
	(6)	How long
		3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		E. R. Garrisonay M.D.
		Address
Accident	Suicide	
	✓	



Name  
in  
Full

Mrs. Sarah H. Louifer

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Female	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	John Hamilton			
Mother's Maiden Name	Jane Cairnes			
Name of person giving information	Matilda Mackay			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Epilepsy

(64)

How long

3 days

Immediate

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

"



Name  
in  
Full

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Port Deposit</u> Town <u>Carroll</u> County			MARYLAND		
Date of death <u>1906</u>	Month <u>June</u>	Day <u>17</u>	Age <u>—</u>	Months <u>1</u>	Days <u>13</u>
Sex <u>male</u>	Color or Race <u>Colored</u>	Birth-place <u>Port Deposit</u>			
Occupation <u>Iron Infants -</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>	Father's Name <u>Wm McMullen</u>	Father's Birthplace <u>Carroll Co Md</u>		
Mother's Maiden Name <u>Clara Warfield</u>	Mother's Birthplace <u>—</u>	Name of person giving information <u>Clara McMullen</u>	How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Inflammation

(71)

How long

3 weeks

Immediate

Concussion

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes

Address

J. Brown  
Port Deposit

Accident or Suicide?

Arthur Thirk

Name  
In  
Full

Martha McHullen

CERTIFICATE OF DEATH

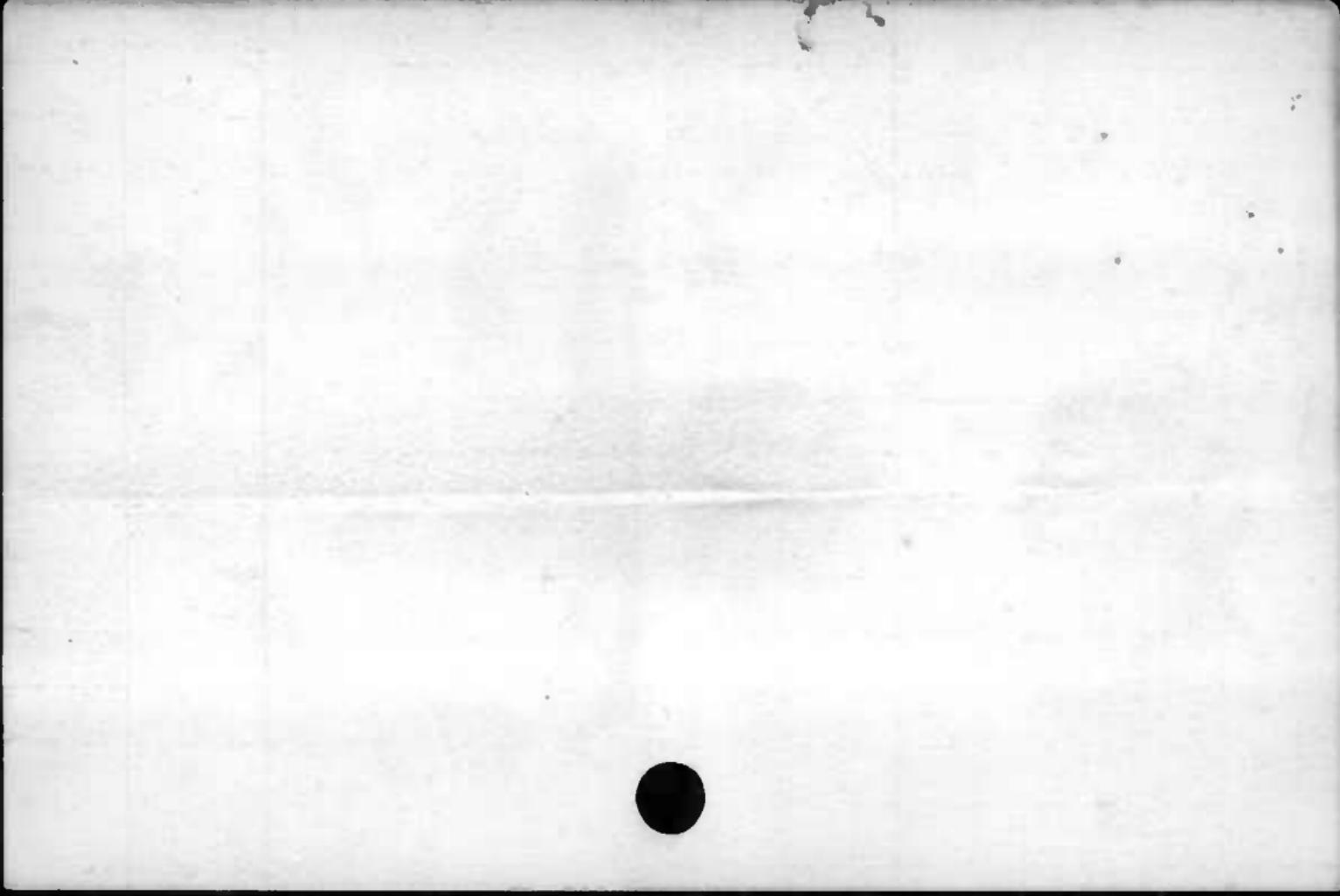
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Colored	Birth-place	Port Deposit	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John McHullen		Father's Birthplace	Cecil Co		
Mother's Maiden Name	Clara Marfield		Mother's Birthplace	Cecil Co		
Name of person giving Information	J.S. Brown Md		How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	105	How long	1 month
Immediate	Inanition	How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J.S. Brown
		Address	Port Deposit
Accident or Suicide?			Md



Name  
in  
Full

Infant - Moore  
Pleasant Hie<sup>Town</sup> Cecil

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town			County		MARYLAND
Date of death	Month	Day	Age	Years	Months	Days
Sex	Male	Color or Race	White	—	—	16 hrs
Occupation	—			Where Residing if not at place of death	—	
Married, Single or Widowed	—			Name of Wife or Husband	—	
Father's Name	Curtis Moore			Father's Birthplace	MD	
Mother's Maiden Name	Bertha Thompson			Mother's Birthplace	MD	
Name of person giving Information	Curtis Moore			How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Prematurity

151

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

C. L. Corrino MD

Cherry Hie  
MD

Accident or Suicide?

4-81

Name  
in  
Full

Annie Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace	Cecil Co.	
Mother's Maiden Name	Mother's Birthplace	Cecil Co.	
Name of person giving information	How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Valvular Disease of Heart	(No)	How long
Immediate	drooping		some hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long
		E. R. Bradford MD	From months
		Address	
Accident or Suicide?		Cecilton Md	



M

Name  
in  
Full

John J Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND	
Died at	Elkton	Years	Months Days
Date of death	1906 June 13	Age	57
Sex	Male	Color or Race	White
Occupation	Where Residing If not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Smith
Father's Name	Samuel Smith		
Mother's Maiden Name	Sarah		
Name of person giving information	How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Uraemia	(120)	How long
Immediate			How long

Are the name, age, sex, color, date and place correctly given above?

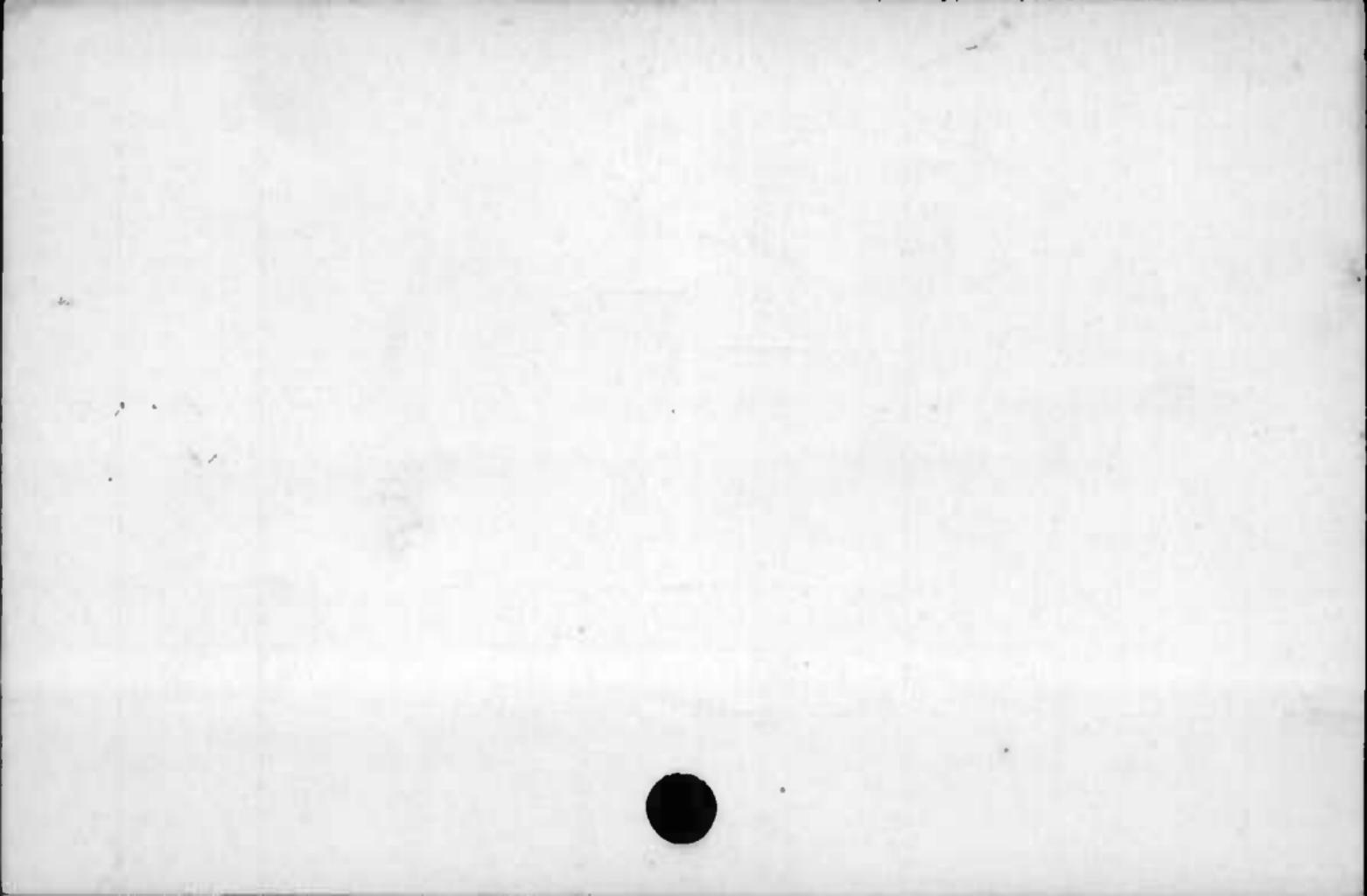
yes

Signature of Physician

Address

Dr. D. Gandy  
Elkton  
Md.

Accident or Suicide?



Name  
in  
Full

Sydney George Young

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Tow near Cecilton County Cecil

MARYLAND

Date Month Day Years Months Days  
of death 1906 June 19 Age 73?

Sex male

Color or  
Race

coloured

Birth-  
place Cecil Co Md

Occupation

Famer

Where Residing if not  
at place of death

at place of death

Married, Single  
or Widowed

married

Name of Wife or  
Husband

Jane E. Young

Father's  
Birthplace

Maryland

Father's  
Name Sydney G. Young

Mother's  
Maiden Name

Racquel Young

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Jane E. Young

How related  
to deceased

widow

CAUSES OF DEATH

Primary

Old age Heart failure

(154)  
A long  
How long

PHYSICIAN  
OR CORONER

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

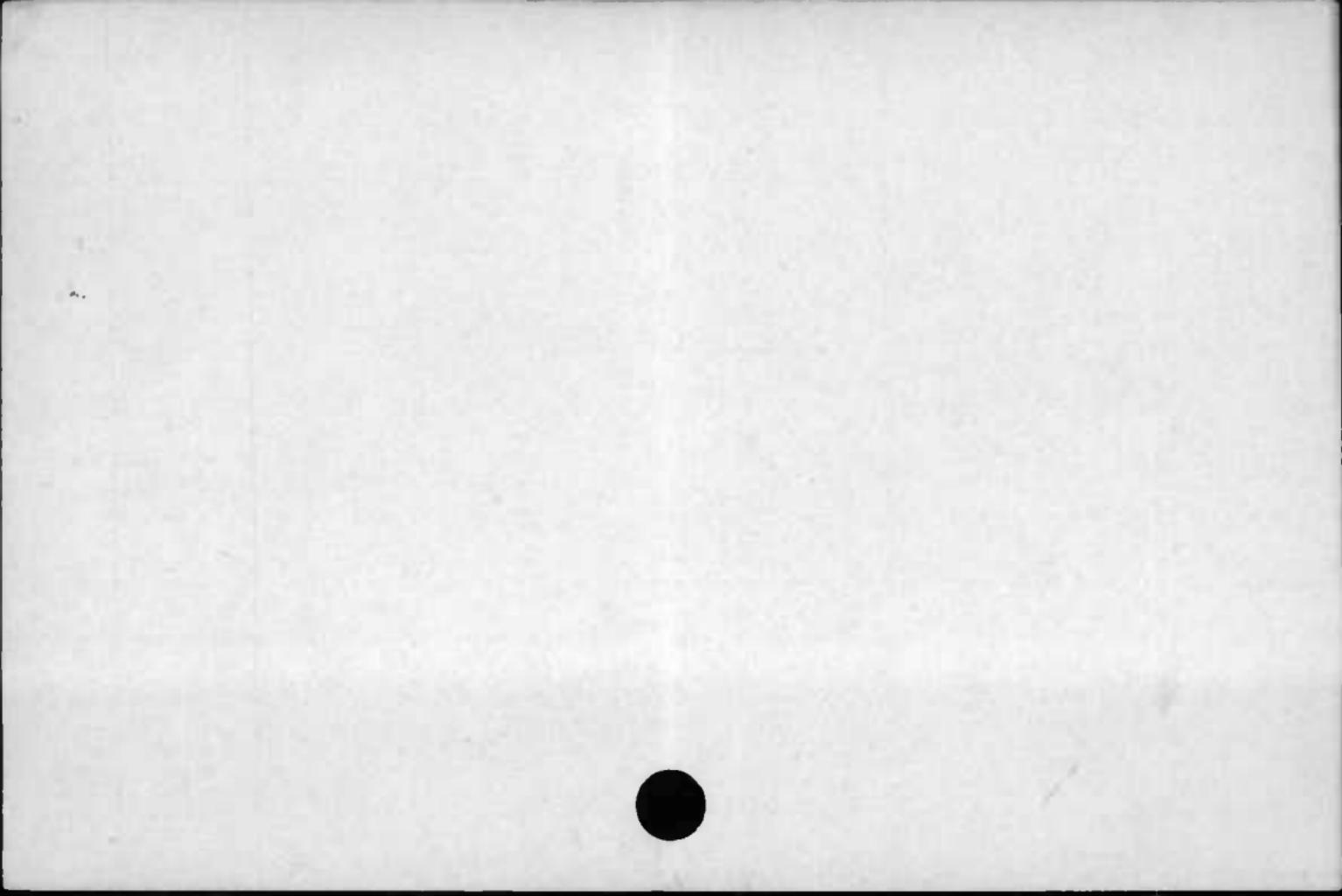
yes

Signature of  
Physician

Addres

Rickettsia plasmon  
Corona of Cecil Co.  
Eplton, Md

Accident or Suicide?



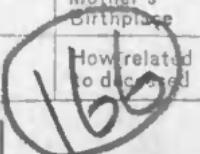
Name

in  
Full

Unknown Man

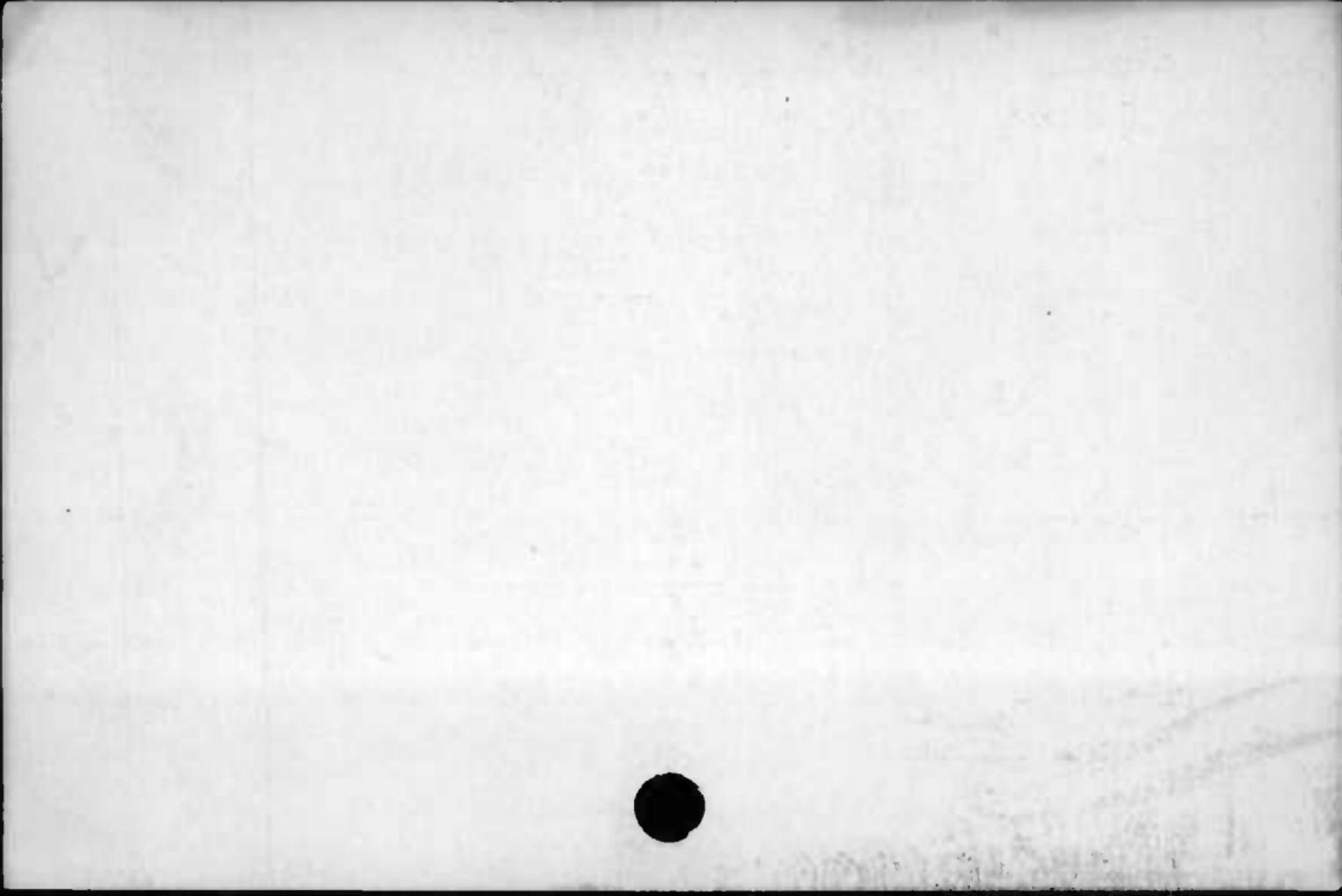
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>near North East</u>		County <u>Cecil</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>June</u>	Day <u>10</u>	Years <u>25?</u>	Months <u>-</u>	Days <u>-</u>	
Sex <u>male</u>	Color or Race <u>White</u>				Birth-place <u>✓</u>	
Occupation <u>✓</u>	Where Residing if not at place of death <u>✓</u>					
Married, Single or Widowed <u>✓</u>	Name of Wife or Husband <u>✓</u>					
Father's Name <u>✓</u>				Father's Birthplace <u>✓</u>		
Mother's Maiden Name <u>✓</u>				Mother's Birthplace <u>✓</u>		
Name of person giving information	How related to deceased 					

## CAUSES OF DEATH

Primary <u>Killed by a train on the P.B. by W. Rail Road</u>	How long <u>How long</u>
Immediate <u>at Stony Run, near North East, Md.</u>	How long <u>How long</u>
Are the name, age, sex, color, date and place correctly given above? <u>✓</u>	Signature of Physician <u>Ricketts Nelson</u>
	Address <u>Corona Cecil Co. Md</u>
Accident or Suicide? <u>Accident</u>	



Name  
in  
Full

Unknown White Man

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			Birth-place
Married, Single or Widowed	Name of Wife or Husband			
Father's Name				Father's Birthplace
Mother's Maiden Name				Mother's Birthplace
Name of person giving information				How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

172

How long

Immediate

Drowning

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Ricotta Nelson  
Coroner of Cecil Co.  
Elkton, Maryland.

Accident or Suicide?

